Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF OREGON	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	Walter First name  Henry Middle name  Smith Last name and Suffix (Sr., Jr., II, III)	Patricia First name  Harling Middle name  Smith Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-0869	xxx-xx-3283

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	■ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
West Linn, Ol		21920 SW Ribera Ln.	If Debtor 2 lives at a different address:		
		West Linn, OR 97068  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
	Clackamas				
	County		County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6. Why you are choosing this district to file for		Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

Debtor 1 Walter Henry Smith Debtor 2 Patricia Harling Smith			Case number (if known)					
Par	t 2:	Tell the Court About \	our Bank	ruptcy Ca	ise			
7.	Bank	chapter of the cruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
	choc	sing to file under	■ Chapt	er 7				
			☐ Chapt	er 11				
			☐ Chapt	er 12				
			☐ Chapt	er 13				
8.	How	you will pay the fee	abo ord a p	out how your er. If your re-printed red to pa	ou may pay. Typi attorney is subn address. y the fee in inst	ically, if you are paying the fee you itting your payment on your beha allments. If you choose this optic	with the clerk's office in your local court fourself, you may pay with cash, cashier's chalf, your attorney may pay with a credit card in, sign and attach the Application for Individual.	eck, or money or check with
			☐ I re	quest that is not reco	nt my fee be wai uired to, waive y ur family size an	our fee, and may do so only if yo dyou are unable to pay the fee ir	n only if you are filing for Chapter 7. By law, ur income is less than 150% of the official points installments). If you choose this option, you all Form 103B) and file it with your petition.	overty line that
9.		you filed for cruptcy within the	■ No.					
		B years?	☐ Yes.					
				District		When	Case number	
				District		When	Case number	
				District		When	Case number	
10.		any bankruptcy	■ No					
	filed not f you,	s pending or being by a spouse who is iling this case with or by a business ner, or by an ate?	☐ Yes.					
				Debtor			Relationship to you	
				District		When	Case number, if known	
				Debtor			Relationship to you	
				District		When	Case number, if known	
11.		ou rent your	■ No.	Go to	ine 12.			
	resid	lence?	☐ Yes.	Has yo	our landlord obta	ined an eviction judgment agains	t you?	
			<b>—</b> 163.		No. Go to line 1	, ,	•	
						tial Statement About an Eviction .	ludgment Against You (Form 101A) and file	it as part of

	otor 1 Walter Henry Smit otor 2 Patricia Harling Si			Case number (if known)
Par	t 3: Report About Any Bu	ısinesses	You Own as a Sole Propr	ietor
12.	Are you a sole proprietor of any full- or part-time business?	□ No.	Go to Part 4.	
		Yes.	Name and location of b	usiness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Patricia Smith  Name of business, if ar	•
	If you have more than one		21920 SW Ribera L West Linn, OR 9706	
	sole proprietorship, use a separate sheet and attach		Number, Street, City, S	
	it to this petition.		· ·	box to describe your business:
			☐ Health Care Bu	siness (as defined in 11 U.S.C. § 101(27A))
			☐ Single Asset Re	eal Estate (as defined in 11 U.S.C. § 101(51B))
			☐ Stockbroker (as	s defined in 11 U.S.C. § 101(53A))
			☐ Commodity Bro	ker (as defined in 11 U.S.C. § 101(6))
			None of the abo	ove
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	es. If you indicate that you a	ne court must know whether you are a small business debtor so that it can set appropriate re a small business debtor, you must attach your most recent balance sheet, statement of d federal income tax return or if any of these documents do not exist, follow the procedure
■ No. I am not filing under Chapter 11.  For a definition of <i>small</i>				apter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapte Code.	er 11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am filing under Chapte	er 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	y Hazardous Property or <i>I</i>	Any Property That Needs Immediate Attention
14.	Do you own or have any property that poses or is	■ No.		
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is the hazard?	
	public health or safety? Or do you own any property that needs		If immediate attention is	
	immediate attention?		needed, why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	
	-			Number, Street, City, State & Zip Code

#### Part 5:

#### **Explain Your Efforts to Receive a Briefing About Credit Counseling**

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

	tor 2 Patricia Harling Si				Case nu	umber (if known)		
Part	6: Answer These Questi	ons for Re	eporting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you owe th	nat are not consum	ner debts or bus	siness debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. Go	o to line 18.				
	Do you estimate that after any exempt property is excluded and administrative expenses	■ Yes.	I am filing under Chapter 7. Do yo are paid that funds will be available.				administrative expenses	
	are paid that funds will be available for distribution to unsecured creditors?		□ Yes					
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-19 □ 200-99		☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,00		☐ 25,001-50,00☐ 50,001-100,0☐ More than10	000	
19.	How much do you estimate your assets to be worth?	<b>\$100,0</b>	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	\$1,000,001 - \$10,000,001 \$50,000,001 \$100,000,001	- \$50 million - \$100 million	□ \$10,000,000	001 - \$10 billion 1,001 - \$50 billion	
20.	How much do you estimate your liabilities to be?	<b>\$100,0</b>	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	\$1,000,001 - \$10,000,001 \$50,000,001 \$100,000,000	- \$50 million - \$100 million	\$10,000,000	,001 - \$10 billion 0,001 - \$50 billion	
Part	7: Sign Below							
For	you	I have exa	amined this petition, and I declare	under penalty of p	erjury that the i	information provided is true	e and correct.	
			chosen to file under Chapter 7, I am ates Code. I understand the relief a					
			ney represents me and I did not pa t, I have obtained and read the not				ne fill out this	
		I request	relief in accordance with the chapte	er of title 11, Unite	d States Code,	, specified in this petition.		
		bankrupto and 3571		50,000, or impriso	nment for up to	20 years, or both. 18 U.S.		
		Walter F	er Henry Smith Henry Smith of Debtor 1		/s/ Patricia H Patricia Harl Signature of D			
		Executed	on August 6, 2019 MM / DD / YYYY		Executed on	August 6, 2019 MM / DD / YYYY		

Debtor 1 Walter Henry Sm Debtor 2 Patricia Harling S		Ca	se number (if known) _	
For your attorney, if you are represented by one  If you are not represented by an attorney, you do not need to file this page.	I, the attorney for the debtor(s) named in this petition under Chapter 7, 11, 12, or 13 of title 11, United Star for which the person is eligible. I also certify that I h and, in a case in which § 707(b)(4)(D) applies, certif schedules filed with the petition is incorrect.	tes Code, and have ave delivered to the	explained the relief ava debtor(s) the notice red	nilable under each chapter quired by 11 U.S.C. § 342(b)
to file this page.	/s/ Michael D. O'Brien	Date	August 6, 2019	
	Signature of Attorney for Debtor		MM / DD / YYYY	
	Michael D. O'Brien Printed name			
	Michael D. O'Brien & Associates, P.C.			
	Firm name			
	12909 SW 68th Parkway, Suite 160			
	Portland, OR 97223			
	Number, Street, City, State & ZIP Code			

enc@pdxlegal.com

Email address

Contact phone **503-786-3800** 

951056 OR
Bar number & State

# United States Bankruptcy Court District of Oregon

In	Walter Henry Smith Patricia Harling Smith		Case No.		
		Debtor(s)	Chapter	7	_
	DISCLOSURE OF COMPENS	SATION OF ATTOI	NEV FOR DI	ERTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of contemplation.	, I certify that I am the attorn of the petition in bankruptcy,	ney for the above nan or agreed to be paid	ned debtor(s) and that to me, for services rendered or to	
	For legal services, I have agreed to accept		\$	1,500.00	
	Prior to the filing of this statement I have received		\$	1,500.00	
	Balance Due		\$	0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed compens	sation with any other person	unless they are mem	bers and associates of my law firm	ı.
5.	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names.  In return for the above-disclosed fee, I have agreed to render	s of the people sharing in the er legal service for all aspect	compensation is atta	ched.	
	<ul> <li>a. Analysis of the debtor's financial situation, and renderin</li> <li>b. Preparation and filing of any petition, schedules, statem</li> <li>c. Representation of the debtor at the meeting of creditors</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to red reaffirmation agreements and applications</li> </ul>	ent of affairs and plan which and confirmation hearing, and uce to market value; exc	n may be required; and any adjourned hea	rings thereof;	
5.	By agreement with the debtor(s), the above-disclosed fee do Preparation and filing of motions pursuant Representation of the debtors in any discharge any other adversary proceeding.	t to 11 USC 522(f)(2)(A) f nargeability actions, judi	or avoidance of li		r
		CERTIFICATION			
this	I certify that the foregoing is a complete statement of any as bankruptcy proceeding.	greement or arrangement for	payment to me for r	epresentation of the debtor(s) in	
	August 6, 2019	/s/ Michael D. O'E			
	Date		en & Associates, F arkway, Suite 160		
		503-786-3800 Fa			
		enc@pdxlegal.co	om		
		wame oj iaw jirm			_

# UNITED STATES BANKRUPTCY COURT DISTRICT OF OREGON

	DISTRICT	Γ OF OREGON	
In re Walter Henry Smith Patricia Harling Smith Debtor(s)	) ) CHA ) STA	E No.  APTER 7 INDIVIDUA TEMENT OF INTEN 11 U.S.C. §521(a)	
IMPORTANT NOTICES TO DEBTOR(S): 1. Complete, sign and file this form even if you he creditors are listed, make sure the certificate of so. 2. Failure to perform the intentions as to property	ervice is completed.		or personal property subject to unexpired leases. If
PART A - Debts secured by property of the estanditional pages is necessary.)			such property.  debt which is secured by property of the estate. Attach
☐ IF NONE - Check this box.  Property No. 1  Creditor's Name:  Northwest Community Credit Union		2015 Jeep C	perty Securing Debt: Cherokee 50,000 miles If off of private party value on kbb.com
If retaining the property, I intend to (check at le  Redeem the property  Reaffirm the debt  Other. Explain (for example, avoid lien using  Property is (check one): ■ CLAIMED AS EX	ng 11 USC §522(f)	AIMED AS EXEMPT	
☐ IF NONE - Check this box.  Property No. 2  Creditor's Name:  PHH Mortgage Services		21920 SW R County House need	perty Securing Debt: ibera Ln. West Linn, OR 97068 Clackamas s significant work: all windows, and roof
Property will be (check one):   SURRENDER  If retaining the property, I intend to (check at le  Redeem the property  Reaffirm the debt  Other. Explain (for example, avoid lien using	ast one):		cing, foundation needs to be leveled.
Property is (check one): CLAIMED AS EXPART B - Personal property subject to unexpire pages if necessary.)  IF NONE - Check this box.		MIMED AS EXEMPT mns of Part B must be	completed for each unexpired lease. Attach additional
Property No. 1			
Lessor's Name:	Describe Leased	Property:	Lease will be assumed pursuant to 11 USC §365(p)(2) ☐ YES ☐ NO
Continuation sheets attached (if any).	t .		,

521.05 (12/1/16) **Page 1** 

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INDICATES INTENTION AS TO ANY PROPERTY OF MY ESTATE SECURING A DEBT AND/OR PERSONAL PROPERTY SUBJECT TO AN UNEXPIRED LEASE.	I/WE, THE UNDERSIGNED, CERTIFY THAT COPIES OF BOTH TH DOCUMENT AND LOCAL FORM #715 WERE SERVED ON ANY CREDITOR NAMED ABOVE.				
DATE: <b>August 6, 2019</b>	DATE: <b>August 6, 2019</b>				
/s/ Walter Henry Smith	/s/ Michael D. O'Brien	951056 OF			
DEBTOR'S SIGNATURE	DEBTOR OR ATTORNEY'S SIGNATURE	OSB# (if attorney)			
/s/ Patricia Harling Smith					
JOINT DEBTOR'S SIGNATURE (If applicable)	JOINT DEBTOR'S SIGNATURE (If applicable ar	nd no attorney)			
	Michael D. O'Brien 503-786-3800				
	PRINT OR TYPE SIGNER'S NAME & PHONE N	1O.			
	12909 SW 68th Parkway, Suite 160 Portland, OR 97223				
	SIGNER'S ADDRESS (if attorney)				

### NON-JUDICIAL REMEDY WHEN CONSUMER DEBTOR FAILS TO TIMELY PERFORM STATED INTENTIONS

Creditors, see <u>Local Form #715</u> [attached if this document was served on paper] if you wish information on how to obtain non-judicial relief from the automatic stay of 11 U.S.C. §362(a) as to your collateral.

## **QUESTIONS????**

Call an attorney with questions about these procedures or the law. However, only call the debtor's attorney if you have questions about the debtor's intent as to your collateral.

521.05 (12/1/16) Page 2

Fill	in this informa	ation to identify your	case:			
Deb	otor 1	Walter Henry Smi	th			
		First Name	Middle Name	Last Name		
	otor 2 use if, filing)	Patricia Harling S	mith  Middle Name	Last Name		
` `	-	kruptcy Court for the:	DISTRICT OF OREGON			
		dupley Court for the.	BIGINIOT OF GREGOR			
Cas (if kn	e number				□ Chec	ck if this is an
					_	nded filing
Off	ficial For	m 106Sum				
Su	mmary of	Your Assets a	and Liabilities and	Certain Statistical Information		12/15
infor	mation. Fill o	ut all of your schedule		filing together, both are equally responsible formation on this form. If you are filing amend box at the top of this page.		
Part	11: Summa	rize Your Assets				
						assets of what you own
1.	Schedule A/I 1a. Copy line	<b>B: Property</b> (Official Fo 55, Total real estate, for	orm 106A/B) rom Schedule A/B		\$	380,000.00
	1b. Copy line	62, Total personal pro	perty, from Schedule A/B		\$	20,231.00
	1c. Copy line	63, Total of all property	on Schedule A/B		\$	400,231.00
Part	2: Summa	rize Your Liabilities				
						liabilities nt you owe
2.			aims Secured by Property (Off nn A, Amount of claim, at the b	icial Form 106D) oottom of the last page of Part 1 of <i>Schedule D</i>	\$	351,280.00
3.	Schedule E/F 3a. Copy the	: Creditors Who Have total claims from Part	Unsecured Claims (Official For 1 (priority unsecured claims) fr	m 106E/F) om line 6e of <i>Schedule E/F</i>	\$	0.00
	3b. Copy the	total claims from Part	2 (nonpriority unsecured claims	s) from line 6j of Schedule E/F	\$	34,625.00
				Your total liabilities	\$	385,905.00
Part	Summa	rize Your Income and	Evnoncos			
ran			-			
4.		our Income (Official Formbined monthly incom			\$	3,791.00
5.		our Expenses (Official onthly expenses from li			\$	3,852.00
Part	t 4: Answer	These Questions for	Administrative and Statistic	al Records		
6.	-		er Chapters 7, 11, or 13? on this part of the form. Check	this box and submit this form to the court with yo	our other so	chedules.
7.	<ul><li>Yes</li><li>What kind of</li></ul>	debt do you have?				
				s are those "incurred by an individual primarily for statistical purposes. 28 U.S.C. § 159.	a persona	ıl, family, or
			- , ,	othing to report on this part of the form. <i>Check thi</i>	s box and	submit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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the court with your other schedules.

Debtor 1	Walter Henry Smith
Debtor 2	Patricia Harling Smith

Case number (if known)

 From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

1,166.67

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total cl	aim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

	rmation to identify your case and t	nis filing:		
Debtor 1	Walter Henry Smith First Name Midd	le Name Last Name		
Debtor 2 (Spouse, if filing)	Patricia Harling Smith	le Name Last Name		
	ankruptcy Court for the: DISTRICT	OF OREGON		
Case number				☐ Check if this is an amended filing
Official Fo	orm 106A/B			
Schedu	le A/B: Property			12/15
Part 1: Describe  Do you own or	estion. e Each Residence, Building, Land, or O have any legal or equitable interest in	sheet to this form. On the top of any additional pages ther Real Estate You Own or Have an Interest In any residence, building, land, or similar property?	, write your name and cas	e number (ir known).
21920 SV	<b>V Ribera Ln.</b> s, if available, or other description	What is the property? Check all that apply  Single-family home  Duplex or multi-unit building  Condominium or cooperative	Do not deduct secured clause the amount of any secure Creditors Who Have Claim	d claims on Schedule D:
21920 SV	s, if available, or other description	Single-family home  Duplex or multi-unit building  Condominium or cooperative	the amount of any secure	d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?
21920 SV Street address	s, if available, or other description  OR 97068-0000	Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other  Who has an interest in the property? Check one	Current value of the entire property? \$380,000.00  Describe the nature of y	d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? \$380,000.00
21920 SV Street address	on OR 97068-0000  State ZIP Code	■ Single-family home  □ Duplex or multi-unit building  Condominium or cooperative  □ Manufactured or mobile home  □ Land □ Investment property □ Timeshare □ Other  Who has an interest in the property? Check one □ Debtor 1 only	Current value of the entire property? \$380,000.00  Describe the nature of y (such as fee simple, ten	cour ownership interest
21920 SV Street address  West Lin City	on OR 97068-0000  State ZIP Code	Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other  Who has an interest in the property? Check one Debtor 1 only	Current value of the entire property? \$380,000.00  Describe the nature of y (such as fee simple, ten a life estate), if known.	d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? \$380,000.00  Your ownership interest ancy by the entireties, o
West Lin City  Clackam	on OR 97068-0000  State ZIP Code	■ Single-family home  □ Duplex or multi-unit building  □ Condominium or cooperative  □ Manufactured or mobile home  □ Land □ Investment property □ Timeshare □ Other  Who has an interest in the property? Check one □ Debtor 1 only □ Debtor 2 only ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another  Other information you wish to add about this ite	the amount of any secure Creditors Who Have Clais  Current value of the entire property? \$380,000.00  Describe the nature of y (such as fee simple, ten a life estate), if known.	d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? \$380,000.00  rour ownership interest ancy by the entireties, o

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Deb		Walter Henr Patricia Harl		C	ase number <i>(if know</i>	n)	
3. <b>C</b> a	ars, vans	, trucks, trac	tors, sport utility ve	hicles, motorcycles			
	No						
	Yes						
3.1	Make:	Jeep		Who has an interest in the property? Cheek are	Do not deduct s	secured cl	aims or exemptions. Put
3.1	Model:	Cheroke		Who has an interest in the property? Check one  ☐ Debtor 1 only	the amount of a	ny secure	ed claims on Schedule D: ms Secured by Property.
	Year:	2015		Debtor 2 only	Creditors willo	nave Claii	nis secured by Froperty.
		imate mileage:	50,000	■ Debtor 1 and Debtor 2 only	Current value entire property		Current value of the portion you own?
		nformation:		☐ At least one of the debtors and another	entire property		portion you own:
			of private party	At least one of the deptors and another			
		on kbb.com		☐ Check if this is community property (see instructions)	\$12,8	45.00	\$12,845.00
.p Part Do y	ages you  3: Descr  you own	u have attach ibe Your Perso or have any l	ed for Part 2. Write onal and Household It legal or equitable in	rn for all of your entries from Part 2, including a that number hereems  ems terest in any of the following items?		<b>!</b>	\$12,845.00  Current value of the cortion you own?  Do not deduct secured claims or exemptions.
E	xamples. ] No	d goods and f Major appliar	rurnishings nces, furniture, linens	, china, kitchenware			
			Misc Household than \$100.00	d Goods and Furnishings with no item wor	rth more		\$1,000.00
E	No	Televisions a	· · · · · ·	eo, stereo, and digital equipment; computers, printenedia players, games	ers, scanners; musio	c collection	ons; electronic devices
			Misc Electronic	s			\$500.00
E	xamples.	other collecti	I figurines; paintings, ions, memorabilia, co	prints, or other artwork; books, pictures, or other ar llectibles	rt objects; stamp, co	in, or ba	seball card collections;
9. <b>E</b> c	quipmen Examples	escribe  t for sports a Sports, photo musical instruescribe	ographic, exercise, ar	nd other hobby equipment; bicycles, pool tables, go	lf clubs, skis; canoe	es and ka	ıyaks; carpentry tools;

Official Form 106A/B Schedule A/B: Property page 2

Debtor 1 Debtor 2	Walter Henry Patricia Harl		c	ase number (if known)	
		Old Crusier Bike			\$50.00
☐ No		s, shotguns, ammunition, and re	elated equipment		
		Mossberg Shotgun			\$400.00
□ No		othes, furs, leather coats, desig	ner wear, shoes, accessories		
		Misc Clothing			\$750.00
☐ No	,	welry, costume jewelry, engage	ment rings, wedding rings, heirloom jew	elry, watches, gems, go	old, silver
		Misc Jewelry			\$3,000.00
Exam No Yes  14. Any o	farm animals  mples: Dogs, cats, l  s. Describe  other personal and  s. Give specific info	d household items you did no	ot already list, including any health ai	ds you did not list	
			t 3, including any entries for pages yo	ou have attached	\$5,700.00
	Describe Your Finance	cial Assets egal or equitable interest in a	nu of the following?		Current value of the
Do you c	own of have any is	egai or equitable illerest ill a	ny or the following:		portion you own? Do not deduct secured claims or exemptions.
■ No	mples: Money you h	nave in your wallet, in your hom	e, in a safe deposit box, and on hand w	hen you file your petitio	n
			nts; certificates of deposit; shares in credith the same institution, list each.	dit unions, brokerage h	ouses, and other similar
	5		Institution name:		
		17.1. Credit Union	Northwest Credit Union Bank	Account #0050	\$5.00

Official Form 106A/B Schedule A/B: Property page 3

Best Case Bankruptcy

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Debtor 1 Debtor 2	Walter Henry Smith Patricia Harling Smith		Case number (if known)	
Money or	r property owed to you?			Current value of the portion you own?  Do not deduct secured claims or exemptions.
☐ No	efunds owed to you	nem including whether you alread	y filed the returns and the tax years	
_ 100	. Give specific information about th	ioni, including whether you alload.	The the retains and the tax years	
		Estimated 2019 Tax Refund	d Federal and Sta	ste \$500.00
■ No		ny, spousal support, child support,	maintenance, divorce settlement, property	settlement
Exam	r amounts someone owes you opples: Unpaid wages, disability insubenefits; unpaid loans you make the Give specific information		s, sick pay, vacation pay, workers' compe	nsation, Social Security
	ests in insurance policies apples: Health, disability, or life insur	rance; health savings account (HS	A); credit, homeowner's, or renter's insurar	nce
_	. Name the insurance company of Company r		Beneficiary:	Surrender or refund
If you some	nterest in property that is due you are the beneficiary of a living trust cone has died.  Give specific information		ance policy, or are currently entitled to rece	value: eive property because
Exam	us against third parties, whether on ples: Accidents, employment disposate			
■ No □ Yes	. Describe each claim			
		ims of every nature, including c	ounterclaims of the debtor and rights to	set off claims
	. Describe each claim			
■ No	inancial assets you did not alrea  . Give specific information	dy list		
	the dollar value of all of your en Part 4. Write that number here		entries for pages you have attached	\$1,686.00
Part 5: D	escribe Any Business-Related Prope	rty You Own or Have an Interest In.	List any real estate in Part 1.	
37. <b>Do yo</b> u	own or have any legal or equitable i	nterest in any business-related prop	erty?	
	Go to Part 6.			
☐ Yes.	Go to line 38.			

Official Form 106A/B Schedule A/B: Property page 5

Deb Deb	tor 1 Walter Henry Smith tor 2 Patricia Harling Smith		Case number (if known)	
Part	6: Describe Any Farm- and Commercial Fishing-Related Property Yo If you own or have an interest in farmland, list it in Part 1.	u Own or Have an Intere	st In.	
46. l	Oo you own or have any legal or equitable interest in any farm  ■ No. Go to Part 7.	- or commercial fishir	ng-related property?	
	☐ Yes. Go to line 47.			
Part	7: Describe All Property You Own or Have an Interest in That Yo	ou Did Not List Above		
<b>I</b>	Do you have other property of any kind you did not already lis  Examples: Season tickets, country club membership No Yes. Give specific information Add the dollar value of all of your entries from Part 7. Write the			\$0.00
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$380,000.00
56.	Part 2: Total vehicles, line 5	\$12,845.00		
57.	Part 3: Total personal and household items, line 15	\$5,700.00		
58.	Part 4: Total financial assets, line 36	\$1,686.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+\$0.00		
62.	Total personal property. Add lines 56 through 61	\$20,231.00	Copy personal property total	\$20,231.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$400,231.00

Official Form 106A/B Schedule A/B: Property page 6

Fill in this information to identify your case:							
Debtor 1							
	First Name	Middle Name	Last Name				
Debtor 2	Patricia Harling S	Smith					
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		DISTRICT OF OREGON					
Case number				☐ Check if this is an amended filing			

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	rt 1: Identify the Property You Claim as E	xempt								
1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	ur spouse is filing with you.						
	☐ You are claiming state and federal nonbank	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)								
	■ You are claiming federal exemptions. 11 L	ou are claiming federal exemptions. 11 U.S.C. § 522(b)(2)								
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.						
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption					
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.						
	21920 SW Ribera Ln. West Linn, OR	\$380,000.00		\$50,300.00	11 U.S.C. § 522(d)(1)					
	97068 Clackamas County House needs significant work: all windows, and roof needs replacing, foundation needs to be leveled. Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit						
	2015 Jeep Cherokee 50,000 miles	\$12,845.00		\$2,065.00	11 U.S.C. § 522(d)(2)					
	Value based off of private party value on kbb.com Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit						
	Misc Household Goods and	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)					
	Furnishings with no item worth more than \$100.00 Line from <i>Schedule A/B</i> : <b>6.1</b>			100% of fair market value, up to any applicable statutory limit						
	Misc Electronics	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)					
	Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit						
	Old Crusier Bike	\$50.00		\$50.00	11 U.S.C. § 522(d)(5)					
	Line from Schedule A/B: 9.1			100% of fair market value, up to any applicable statutory limit						

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

Debtoi Debtoi				Case number (if known)	
	rief description of the property and line on chedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
	lossberg Shotgun ne from <i>Schedule A/B</i> : <b>10.1</b>	\$400.00	■	\$400.00 100% of fair market value, up to	11 U.S.C. § 522(d)(5)
				any applicable statutory limit	
	lisc Clothing ne from Schedule A/B: 11.1	\$750.00		\$750.00	11 U.S.C. § 522(d)(3)
				100% of fair market value, up to any applicable statutory limit	
	lisc Jewelry ne from <i>Schedule A/B</i> : <b>12.1</b>	\$3,000.00		\$3,000.00	11 U.S.C. § 522(d)(4)
				100% of fair market value, up to any applicable statutory limit	
_	redit Union: Northwest Credit Union ank Account #0050	\$5.00		\$5.00	11 U.S.C. § 522(d)(5)
Li	ne from <i>Schedule A/B</i> : <b>17.1</b>			100% of fair market value, up to any applicable statutory limit	
	hecking: US Bank Account #3524 ne from Schedule A/B: 17.2	\$322.00		\$322.00	11 U.S.C. § 522(d)(5)
				100% of fair market value, up to any applicable statutory limit	
	hecking: Wells Fargo Bank Account	\$854.00		\$854.00	11 U.S.C. § 522(d)(5)
	ne from Schedule A/B: 17.3			100% of fair market value, up to any applicable statutory limit	
	hecking: US Bank Account #3284	\$5.00		\$5.00	11 U.S.C. § 522(d)(5)
				100% of fair market value, up to any applicable statutory limit	
-	ederal and State: Estimated 2019 ax Refund	\$500.00		\$500.00	11 U.S.C. § 522(d)(5)
	ne from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit	
	re you claiming a homestead exemption of Subject to adjustment on 4/01/22 and every 3	iled on or after the date of adjustmer	nt.)		
•	No No			·	
	Yes. Did you acquire the property covere	ed by the exemption w	ithin 1	,215 days before you filed this case	?
	□ No				

☐ Yes

Fill	in this informa	tion to identify you	r case:				
Deb	otor 1	Walter Henry Sn	nith				
		First Name		t Name			
Deb	otor 2	Patricia Harling	Smith				
(Spo	use if, filing)	First Name	Middle Name Las	t Name			
Uni	ted States Bank	ruptcy Court for the:	DISTRICT OF OREGON				
Cas	se number						
(if kn	own)					☐ Checl	k if this is an
						amen	ded filing
<b>~</b> "		400D					
	icial Form						
Sc	hedule D	): Creditors	Who Have Claims Se	cured	by Propert	y	12/15
is ne			f two married people are filing together, bo out, number the entries, and attach it to thi				
	,	ave claims secured by	vour property?				
		•	his form to the court with your other sche	dules Yo	u have nothing else t	o report on this form	
	_		ŕ	adico. To	a nave nothing clock	o report on this form.	
		ll of the information b	Delow.				
Par	t 1: List All S	Secured Claims			Column A	Column B	Column C
			nore than one secured claim, list the creditor a particular claim, list the other creditors in P		Amount of claim	Value of collateral	Unsecured
			cal order according to the creditor's name.	art 2. AS	Do not deduct the value of collateral.	that supports this	portion If any
2.1	Northwest (	-			¢40.700.00	\$12,845.00	\$0.00
	Credit Unio	n	Describe the property that secures the cl		\$10,780.00	\$12,045.00	<del></del>
	Creditor 5 Name		2015 Jeep Cherokee 50,000 mile Value based off of private party	es			
	Danlementare	Nation	value on kbb.com				
	Bankruptcy PO Box 106		As of the date you file, the claim is: Check	all that			
		97440-2607	apply.  Contingent				
		ity, State & Zip Code	☐ Unliquidated				
			☐ Disputed				
Wh	o owes the debt	? Check one.	Nature of lien. Check all that apply.				
_	Debtor 1 only		An agreement you made (such as mortg car loan)	age or secu	ired		
_	Debtor 2 only	0 h	☐ Statutory lien (such as tax lien, mechanic	r's lien)			
_	Debtor 1 and Debt	or 2 only debtors and another	☐ Judgment lien from a lawsuit	3 11 <del>6</del> 11)			
_	At least one of the Check if this clair			o Loan			
	OHECK II UHS CIAH	ii i ciales lu a	Other (including a right to offset)	CLOUIT			

community debt

Date debt was incurred 5/2016

Last 4 digits of account number

1700

Debtor 1	Walter Henry Sn	nith			Case number (if known)		
	First Name	Middle Name	Last Name	<del>_</del>			
Debtor 2	Patricia Harling	Smith					
	First Name	Middle Name	Last Name				
2.2 <b>PH</b>	H Mortgage Servi	ces Describe	the property that secures	the claim:	\$340,500.00	\$380,000.00	\$0.00
Bai 1 M	nkruptcy Departm Iortgage Way unt Laurel, NJ 080	97068 House windov founda As of the apply.	SW Ribera Ln. West Clackamas County needs significant wows, and roof needs retion needs to be leveled at the claim is:	ork: all eplacing, eled.			
Numi	ber, Street, City, State & Zip						
_	s the debt? Check one		of lien. Check all that apply.				
☐ Debtor☐ Debtor☐	- ,	☐ An ag car le	reement you made (such as oan)	mortgage or s	ecured		
_	1 and Debtor 2 only	☐ Statu	ory lien (such as tax lien, me	echanic's lien)			
☐ At leas	t one of the debtors and	another	nent lien from a lawsuit				
	if this claim relates to nunity debt	a Other	(including a right to offset)	First Mort	gage		
Date debt	was incurred 2003	L	ast 4 digits of account num	ber <u>2325</u>			
Add the	dollar value of your er	atries in Column A o	n this page. Write that nun	nhar hara:	\$351,280	00	
If this is	•		value totals from all pages		\$351,280		

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Fil	l in this inform	ation to identify your	case:								
De	ebtor 1	Walter Henry Smi	th								
		First Name	Middle N	lame	Last Nam	9					
"	ebtor 2 ouse if, filing)	Patricia Harling S	mith Middle N	lame	Last Nam	۵					
		kruptcy Court for the:		OF OREGON		•					
01	ilica Otates Dai	intupicy Court for the.		OI OILEGOIT							
	ase number			_						if this is ar ed filing	า
Sc Be	as complete and	F: Creditors W accurate as possible. Us	e Part 1 for cre	editors with PRIORITY of	claims a	nd Part 2 fo					r party to
Sch Sch left.	edule G: Execut edule D: Credito	acts or unexpired leases ory Contracts and Unexpires Who Have Claims Sectionation Page to this pagaber (if known).	ired Leases (C ured by Prope	fficial Form 106G). Do r rty. If more space is nee	not inclueded, co	ide any creo py the Part	ditors with partially s you need, fill it out,	secured clai	ms that a entries ir	re listed in the boxes	s on the
Pa	rt 1: List All	of Your PRIORITY Un	secured Cla	ims							
1.	Do any credito	rs have priority unsecure	d claims again	st you?							
	☐ No. Go to Pa	art 2.									
	Yes.										
2.	identify what typ possible, list the	priority unsecured claims e of claim it is. If a claim ha claims in alphabetical orde nan one creditor holds a pa	is both priority a er according to t	and nonpriority amounts, the creditor's name. If you	list that out of the control of the	claim here ar	nd show both priority a	and nonprior	ity amount	s. As much	as
	(For an explana	tion of each type of claim, s	ee the instructi	ons for this form in the in:	struction	booklet.)	Total claim	Priority		Nonpriori	ty
2.1	Internal	Revenue Service		ast 4 digits of account i	numher	n/a	\$0.00	amount	\$0.00	amount	\$0.00
		ditor's Name		ast 4 aigits of account i	iluliibei	11/4	Ψ0.00		ψ0.00	· -	ψ0.00
	Bankrup PO Box	otcy Notices	W	hen was the debt incur	rred?	n/a		_			
		7346 phia, PA 19101-7346	3								
		eet City State Zip Code		s of the date you file, th	ne claim	is: Check al	I that apply				
	Who incurred	the debt? Check one.		Contingent							
	Debtor 1 or	nly		☐ Unliquidated							
	Debtor 2 or	nly		Disputed							
	Debtor 1 ar	nd Debtor 2 only	Т	ype of PRIORITY unsec	ured cla	iim:					
	☐ At least one	e of the debtors and anothe	er 🗀	Domestic support oblig	ations						
	☐ Check if th	nis claim is for a commur	nity debt	Taxes and certain other	er debts v	ou owe the	government				
		ubject to offset?	-	Claims for death or per			•				
	■ No	-		Other. Specify	•						
	☐ Yes		_	Prec	autior	ary					

Debtor 1 Walter Henry Smith Debtor 2 Patricia Harling Smith		Case nur	mber (if known)		
2.2 Oregon Department Of Revenue Priority Creditor's Name	Last 4 digits of account number	n/a	\$0.00	\$0.00	\$0.00
Bankruptcy Notice Dept. 955 Center Street, NE Salem, OR 97301-2555	When was the debt incurred?	n/a			
Number Street City State Zip Code	As of the date you file, the claim	is: Check all	that apply		
Who incurred the debt? Check one.	☐ Contingent				
Debtor 1 only	☐ Unliquidated				
☐ Debtor 2 only	Disputed				
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:			
☐ At least one of the debtors and another	☐ Domestic support obligations				
☐ Check if this claim is for a community debt	Taxes and certain other debts	ou owe the go	overnment		
Is the claim subject to offset?	Claims for death or personal in	_			
■ No	Other. Specify				
Yes	Precaution	ary			
<ul> <li>No. You have nothing to report in this part. Submit</li> <li>Yes.</li> </ul> 4. List all of your poppriority unsecured claims in the	,		ach claim. If a creditor has	more than one nonn	iority
■ Yes.	alphabetical order of the creditor laim. For each claim listed, identify w	who holds ea at type of clai	im it is. Do not list claims al	ready included in Par Il out the Continuatio	rt 1. If more n Page of
<ul> <li>Yes.</li> <li>4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other</li> </ul>	alphabetical order of the creditor laim. For each claim listed, identify w	who holds ea at type of clai	im it is. Do not list claims al	ready included in Par	rt 1. If more n Page of
<ul> <li>Yes.</li> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.</li> <li>AARP Medicare Complete (Plan 2)</li> </ul>	alphabetical order of the creditor laim. For each claim listed, identify w	who holds ea lat type of clai han three non	im it is. Do not list claims al	ready included in Par Il out the Continuatio	rt 1. If more n Page of
<ul> <li>Yes.</li> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.</li> <li>AARP Medicare Complete (Plan 2)         Nonpriority Creditor's Name         Bankruptcy Notice     </li> </ul>	alphabetical order of the creditor laim. For each claim listed, identify wh creditors in Part 3.If you have more to	who holds ea lat type of clai han three non	im it is. Do not list claims al	ready included in Par Il out the Continuatio	rt 1. If more n Page of m
<ul> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each conthan one creditor holds a particular claim, list the other Part 2.</li> <li>AARP Medicare Complete (Plan 2)         Nonpriority Creditor's Name         Bankruptcy Notice         PO Box 29675         Hot Springs National Park, AR     </li> </ul>	alphabetical order of the creditor laim. For each claim listed, identify who creditors in Part 3.lf you have more to the creditors and the creditors are the creditors and the creditors are the creditors are the creditors and the creditors are the	who holds ea lat type of clai nan three non er 4282	im it is. Do not list claims al	ready included in Par Il out the Continuatio	rt 1. If more n Page of <b>m</b>
<ul> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.</li> <li>AARP Medicare Complete (Plan 2)         Nonpriority Creditor's Name         Bankruptcy Notice         PO Box 29675     </li> </ul>	alphabetical order of the creditor laim. For each claim listed, identify who creditors in Part 3.lf you have more to the creditors and the creditors are the creditors and the creditors are the creditors are the creditors and the creditors are the	who holds ea lat type of clain nan three non er 4282	im it is. Do not list claims al priority unsecured claims fi	ready included in Par Il out the Continuatio	rt 1. If more n Page of <b>m</b>
<ul> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.</li> <li>AARP Medicare Complete (Plan 2)         Nonpriority Creditor's Name         Bankruptcy Notice         PO Box 29675         Hot Springs National Park, AR 71903-9675         Number Street City State Zip Code         Who incurred the debt? Check one.     </li> </ul>	alphabetical order of the creditor laim. For each claim listed, identify who creditors in Part 3.lf you have more to the Last 4 digits of account number when was the debt incurred?	who holds ea lat type of clain nan three non er 4282	im it is. Do not list claims al priority unsecured claims fi	ready included in Par Il out the Continuatio	rt 1. If more n Page of <b>m</b>
<ul> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.</li> <li>AARP Medicare Complete (Plan 2)         Nonpriority Creditor's Name         Bankruptcy Notice         PO Box 29675         Hot Springs National Park, AR 71903-9675         Number Street City State Zip Code     </li> </ul>	alphabetical order of the creditor laim. For each claim listed, identify who creditors in Part 3.lf you have more to the Last 4 digits of account number when was the debt incurred?	who holds ea lat type of clain nan three non er 4282	im it is. Do not list claims al priority unsecured claims fi	ready included in Par Il out the Continuatio	rt 1. If more n Page of <b>m</b>
<ul> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.</li> <li>AARP Medicare Complete (Plan 2)         Nonpriority Creditor's Name         Bankruptcy Notice         PO Box 29675         Hot Springs National Park, AR 71903-9675         Number Street City State Zip Code         Who incurred the debt? Check one.     </li> </ul>	alphabetical order of the creditor aim. For each claim listed, identify who creditors in Part 3.lf you have more to the control of the contro	who holds ea lat type of clain nan three non er 4282	im it is. Do not list claims al priority unsecured claims fi	ready included in Par Il out the Continuatio	rt 1. If more n Page of <b>m</b>
4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  4.1  AARP Medicare Complete (Plan 2)  Nonpriority Creditor's Name Bankruptcy Notice PO Box 29675 Hot Springs National Park, AR 71903-9675  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only	alphabetical order of the creditor aim. For each claim listed, identify will creditors in Part 3.lf you have more to be a count number of the creditors in Part 3.lf you have more to be a count number of the creditors in Part 3.lf you have more to creditors in Part 3.lf you have more to creditors in Part 3.lf you have more to creditors in Part 4.lf you have more to creditors in Part 3.lf you have more to creditors in Part 4.lf you have more to	who holds ea lat type of clain nan three non er 4282	im it is. Do not list claims al priority unsecured claims fi	ready included in Par Il out the Continuatio	rt 1. If more n Page of <b>m</b>
4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  4.1  AARP Medicare Complete (Plan 2)  Nonpriority Creditor's Name  Bankruptcy Notice  PO Box 29675  Hot Springs National Park, AR  71903-9675  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only	alphabetical order of the creditor aim. For each claim listed, identify wi creditors in Part 3.If you have more to  Last 4 digits of account numb  When was the debt incurred?  As of the date you file, the cla  Contingent Unliquidated Disputed Type of NONPRIORITY unsec	who holds ea lat type of clain han three non er 4282 2019	im it is. Do not list claims al priority unsecured claims fi	ready included in Par Il out the Continuatio	rt 1. If more n Page of <b>m</b>
4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  4.1 AARP Medicare Complete (Plan 2)  Nonpriority Creditor's Name Bankruptcy Notice PO Box 29675 Hot Springs National Park, AR 71903-9675  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community	alphabetical order of the creditor aim. For each claim listed, identify wicreditors in Part 3.lf you have more to  Last 4 digits of account numb.  When was the debt incurred?  As of the date you file, the claim contingent  Unliquidated  Disputed Type of NONPRIORITY unsect  Student loans	who holds ea lat type of claiman three non er 4282 2019 im is: Check ured claim:	im it is. Do not list claims al apriority unsecured claims fi	ready included in Pai Il out the Continuatio  Total clai	rt 1. If more n Page of <b>m</b>
4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  4.1 AARP Medicare Complete (Plan 2)  Nonpriority Creditor's Name Bankruptcy Notice PO Box 29675 Hot Springs National Park, AR 71903-9675  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	alphabetical order of the creditor aim. For each claim listed, identify wicreditors in Part 3.lf you have more to creditors in Part 3.lf you have more to credit a credit and the credit and the credit and the credit and cr	who holds ea lat type of claiman three non er 4282 2019 im is: Check ured claim:	im it is. Do not list claims al apriority unsecured claims fi	ready included in Pai Il out the Continuatio  Total clai	rt 1. If more n Page of <b>m</b>
4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  4.1 AARP Medicare Complete (Plan 2)  Nonpriority Creditor's Name  Bankruptcy Notice  PO Box 29675  Hot Springs National Park, AR  71903-9675  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?	alphabetical order of the creditor aim. For each claim listed, identify wicreditors in Part 3.lf you have more to creditors in Part 3.lf you have more to credit a count numb.  Last 4 digits of account numb.  When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsector Student loans Obligations arising out of a streport as priority claims	who holds ea lat type of clainan three non er 4282 2019 im is: Check sured claim:	im it is. Do not list claims all priority unsecured claims find that apply  eement or divorce that you	ready included in Pai Il out the Continuatio  Total clai	rt 1. If more n Page of <b>m</b>
4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  4.1  AARP Medicare Complete (Plan 2)  Nonpriority Creditor's Name Bankruptcy Notice PO Box 29675 Hot Springs National Park, AR 71903-9675  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only  At least one of the debtors and another Check if this claim is for a community debt	alphabetical order of the creditor aim. For each claim listed, identify wicreditors in Part 3.lf you have more to creditors in Part 3.lf you have more to credit a credit and the credit and the credit and the credit and cr	who holds ea lat type of clainan three non er 4282 2019 im is: Check sured claim:	im it is. Do not list claims all priority unsecured claims find that apply  eement or divorce that you	ready included in Pai Il out the Continuatio  Total clai	rt 1. If more n Page of <b>m</b>

	r 2 Patricia Harling Smith		Case number (if known)			
4.2	Capital One Card Services	Last 4 digits of account number	9392	\$20,970.00		
	Nonpriority Creditor's Name  Bankruptcy Notice  PO Box 30285	When was the debt incurred?	various			
	Salt Lake City, UT 84130-0285  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	☐ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	■ Other. Specify Civil Judgm No. 18CV47	nent in Clackamas County Case 587			
4.3	Citi / Costco Nonpriority Creditor's Name	Last 4 digits of account number	8663	\$3,655.00		
	Bankruptcy Notice PO BOX 6704	When was the debt incurred?	Various			
	Sioux Falls, SD 57104-6704  Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	, 0 44.0 , 04 , 0.4	or oncore all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims				
	■ No	Debts to pension or profit-sharin				
	Yes	Other. Specify Misc. Cons				
4.4	Citibank Card Services	Last 4 digits of account number	Multiple Accounts	Unknown		
	Nonpriority Creditor's Name  Bankruptcy Department PO Box 6241	When was the debt incurred?	various			
	Sioux Falls, SD 57117-6241  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated ☐ Disputed				
	■ Debtor 1 and Debtor 2 only					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	<ul> <li>☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>☐ Debts to pension or profit-sharing plans, and other similar debts</li> </ul>				
	■ No					
	□Yes	Other. Specify Misc. Cons	umer Debt			

Schedule E/F: Creditors Who Have Unsecured Claims

Page 3 of 8

Legacy Health	Last 4 digits of account number	Multiple Accounts	\$185.00
Nonpriority Creditor's Name Patient Accounts- Bankruptcy PO Box 3948	When was the debt incurred?	Various	
Portland, OR 97208-3948  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent		
_	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured	d claim:	
At least one of the debtors and another	Student loans	u Claim.	
☐ Check if this claim is for a community debt  Is the claim subject to offset?	_	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts	
☐ Yes	■ Other. Specify Misc. Medic		
T les	Other. Specify		
OHSU Hospital & Clinics	Last 4 digits of account number	Multiple Accounts	\$335.0
Nonpriority Creditor's Name  Department of Patient Accounts PO Box 575	When was the debt incurred?	2019	
Portland, OR 97207-0575  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify Misc. Medic	cal Debt	
PropacPayless Pharmacy Nonpriority Creditor's Name	Last 4 digits of account number	7251	\$20.0
Bankruptcy Notice 18110 SE 34th Street, STE 270 Vancouver, WA 98683	When was the debt incurred?	2019	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Misc. Medic	aal Daht	

Schedule E/F: Creditors Who Have Unsecured Claims

	Walter Henry Smith Patricia Harling Smith		Case number (if known)	
4.8	Providence Health & Services	Last 4 digits of account number	0773	\$80.00
	Nonpriority Creditor's Name Attn Cindy Norris-Bankruptcy PO Box 4408	When was the debt incurred?	various	<b>V</b>
	Portland, OR 97208-4408			
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Misc. Medic	cal Debt	
4.9	SYNCB / CARE CREDIT	Last 4 digits of account number	n/a	\$2,370.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept PO BOX 965061	When was the debt incurred?	5/2018	
-	Orlando, FL 32896-5061  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only			
		Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing		
	Yes	Other. Specify Misc. Medic	cal Debt	
4.1	The Pearl at Kruse Way	Last 4 digits of account number	4197	\$6,760.00
	Nonpriority Creditor's Name 4550 Carman Dr. Lake Oswego, OR 97035-2520	When was the debt incurred?	2019	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim		
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other. Specify Misc. Medic	cal Debt	

Schedule E/F: Creditors Who Have Unsecured Claims

	r 2 Patricia Harling Smith		Case number (if known)	
4.1	Virtual Radiologic Professionals	Last 4 digits of account number	6668	\$120.00
1	Nonpriority Creditor's Name Bankruptcy Notice 11995 Singletree Lane	When was the debt incurred?	8/2018	
	Eden Prairie, MN 55344  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community debt	• • • • • • • • • • • • • • • • • • • •	paration agreement or divorce that yo	u did not
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-shar	01	
	Yes	Other. Specify Misc. Con	sumer Debt	
D1 6	List Others to De Notified Alegad a D	alut That Wass Alona de Linta d		
is try	this page only if you have others to be notified ying to collect from you for a debt you owe to se more than one creditor for any of the debts the ied for any debts in Parts 1 or 2, do not fill out	about your bankruptcy, for a debt that someone else, list the original creditor at you listed in Parts 1 or 2, list the add	in Parts 1 or 2, then list the collecti	on agency here. Similarly, if you
	and Address	On which entry in Part 1 or Part 2 did yo		
	t Systems, Inc. ruptcy Notices		Part 1: Creditors with Priority Unse	
	ox 14550		Part 2: Creditors with Nonpriority U	Insecured Claims
Portl	and, OR 97293	Last 4 digits of account number		
Cava	and Address Iry Portfolio Services	On which entry in Part 1 or Part 2 did yo Line 4.4 of (Check one):	u list the original creditor? ☐ Part 1: Creditors with Priority Unse	ecured Claims
500 \$	ruptcy Notices Summit Lake Drive, Suite 400 alla, NY 10595-1340	1	Part 2: Creditors with Nonpriority L	Insecured Claims
	,	Last 4 digits of account number		
Name	and Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?	
	Bank N.A./Best Buy	Line 4.4 of (Check one):	Part 1: Creditors with Priority Unse	ecured Claims
1000 MS 7		1	Part 2: Creditors with Nonpriority U	Insecured Claims
O Fa	llon, MO 63368	Last 4 digits of account number		
	and Address	On which entry in Part 1 or Part 2 did yo	•	
	kamas County Circuit Court Main Street		Part 1: Creditors with Priority Unse	
	on City, OR 97045	Last 4 digits of account number	Part 2: Creditors with Nonpriority U	Insecured Claims
	and Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?	
	ncial Recovery Services, Inc		Part 1: Creditors with Priority Unse	
	ox 385908 eapolis, MN 55438-5908		Part 2: Creditors with Nonpriority L	Insecured Claims
		Last 4 digits of account number		
Name	and Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?	
John	son Mark LLC		Part 1: Creditors with Priority Unse	ecured Claims
Attor	Jonathan D. Anderson - ney J. Brutscher Street, D PMB 401	1	Part 2: Creditors with Nonpriority U	Insecured Claims
	perg, OR 97132			
		Last 4 digits of account number		

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor 1 Walter Henry Smith Debtor 2 Patricia Harling Smith		Case number (if known)		
Name and Address	On which entry in Part 1 or Part 2			
Mandarich Law Group LLP	Line 4.4 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
Bankruptcy Notice PO Box 109032		■ Part 2: Creditors with Nonpriority Unsecured Claims		
Chicago, IL 60610				
5	Last 4 digits of account number			
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?		
Midland Funding LLC	Line 4.4 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
Attn Bankruptcy 2365 Northside Dr #300 San Diego, CA 92108		Part 2: Creditors with Nonpriority Unsecured Claims		
5dii 5lego, 5A 52105	Last 4 digits of account number			
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?		
Oregon Department Of Revenue	Line 4.6 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
Bankruptcy Notice Dept. 955 Center Street, NE Salem, OR 97301-2555		Part 2: Creditors with Nonpriority Unsecured Claims		
Saleili, OK 97301-2333	Last 4 digits of account number			
Name and Address	On which entry in Part 1 or Part 2			
Resurgent Capital Services	Line 4.9 of (Check one):	Part 1: Creditors with Priority Unsecured Claims		
Bankruptcy Notice PO Box 10497		Part 2: Creditors with Nonpriority Unsecured Claims		
Greenville, SC 29603				
·	Last 4 digits of account number			
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?		
Southern Oregon Credit Service,	Line 4.8 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
Inc. Bankruptcy Notices		Part 2: Creditors with Nonpriority Unsecured Claims		
PO Box 4070				
Medford, OR 97501				
	Last 4 digits of account number			
Name and Address		which entry in Part 1 or Part 2 did you list the original creditor?		
The Receivable Management Services Corp	Line 4.1 of (Check one):	Part 1: Creditors with Priority Unsecured Claims		
PO Box 361595		■ Part 2: Creditors with Nonpriority Unsecured Claims		
Columbus, OH 43236	Last 4 digits of account number			

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				•	Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims from Part 2	6g. 6h.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6g. 6h.	\$ *	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	34,625.00

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor 1	Walter Henry Smith	
Debtor 2	Patricia Harling Smith	Case number (if known)

6j. **Total Nonpriority**. Add lines 6f through 6i. 6j. \$\_\_\_\_\_\_**34,625.00** 

Fill in this infor				
Debtor 1	Walter Henry Sm	ith		
	First Name	Middle Name	Last Name	
Debtor 2	Patricia Harling S	Smith		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the: DISTRICT OF OREGON			I	
Case number (if known)				☐ Check if this is an amended filing

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code			e contract or lease	State what the contract or lease is for
2.1					
	Name				<u> </u>
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			<del>_</del>
	City		State	ZIP Code	_
2.4	<u> </u>		<u> </u>		
	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Fill in thi	s information to identify your	case:			
Debtor 1	Walter Henry Sm	ith			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fi	Patricia Harling S	Smith  Middle Name	Last Name		
United St	ates Bankruptcy Court for the:	DISTRICT OF OREGO	N		
Case nun	nber				☐ Check if this is an amended filing
Sche	al Form 106H dule H: Your Cod				12/15
people ar		ally responsible for sup boxes on the left. Attac	plying correct information the Additional Page to	on. If more space is ne	e as possible. If two married eded, copy the Additional Page, of any Additional Pages, write
1. Do	you have any codebtors? (If	you are filing a joint case,	do not list either spouse a	as a codebtor.	
■ No					
Arizo	thin the last 8 years, have you na, California, Idaho, Louisiana o. Go to line 3. es. Did your spouse, former spo	, Nevada, New Mexico, P	uerto Rico, Texas, Washir		states and territories include
in lin Form	e 2 again as a codebtor only	if that person is a guara	ntor or cosigner. Make s	ure you have listed the	with you. List the person shown creditor on Schedule D (Official chedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cred Check all schedules	litor to whom you owe the debt that apply:
3.1	Name  Number Street	State	ZIP Code	☐ Schedule D, line☐ Schedule E/F, lin☐ Schedule G, line☐	
	City	Giate	Zir- Code		
3.2	Name			☐ Schedule D, line☐ Schedule E/F, lin☐ Schedule G, line☐	e
	Number Street City	State	ZIP Code	-	

Schedule H: Your Codebtors

Fill	in this information to identify your of	pase:							
	otor 1 Walter Hen				_				
	Pebtor 2 Spouse, if filing)  Patricia Harling Smith								
Uni	ited States Bankruptcy Court for the	e: DISTRICT OF OREG	ON						
	se number 		-				nded filing ment show	ing postpetition following date:	
	fficial Form 106I					MM / DE	/ YYYY		
	chedule I: Your Inc		anlo are filing togeth	or (Dobt	or 1	and Dahtar 2)	hoth are or	nually rachana	12/15
sup spo atta	plying correct information. If you use. If you are separated and yo ch a separate sheet to this form.  It 1: Describe Employment	are married and not fili ur spouse is not filing w On the top of any additi	ng jointly, and your ith you, do not inclu	spouse de infor	is liv mati	ing with you, ir on about your s	clude info pouse. If r	rmation about nore space is	your needed,
1.	Fill in your employment information.					Debto	or 2 or non-	filing spouse	
	If you have more than one job,	Facilities and adoles	☐ Employed			□ En	ployed		
	attach a separate page with information about additional	Employment status	■ Not employed	■ Not employed			t employed		
	employers.	Occupation	Retired	Retired			ed		
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed t	here?						
Pai	t 2: Give Details About Mo	nthly Income							
spoi	mate monthly income as of the cuse unless you are separated.	•	,		•		•	•	J
	ou or your non-filing spouse have me e space, attach a separate sheet to		ombine the mormatio	n ior all e	mpi	oyers for that pe	rson on the	lines below. If	you need
						For Debtor 1		ebtor 2 or iling spouse	
2.	List monthly gross wages, sale deductions). If not paid monthly,			2.	\$	0.0	<b>0</b> \$	0.00	
3.	Estimate and list monthly over	time pay.		3.	+\$	0.0	<u>0</u> +\$ _	0.00	
4.	Calculate gross Income. Add li	ine 2 + line 3.		4.	\$	0.00	\$_	0.00	

Official Form 106l Schedule I: Your Income page 1

Case number (if known)

					For Debtor 1			Debtor 2 -filing sp		
	Сору	y line 4 here	4.		\$	0.00	\$	iiiiig op	0.00	)
5.	l iet s	all payroll deductions:								
Э.			Fo		\$ (		¢		0.00	
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.			0.00	\$ \$		0.00	_
	5c.	Voluntary contributions for retirement plans	5c.		:	0.00	<b>\$</b> —		0.00	_
	5d.	Required repayments of retirement fund loans	5d.		·	0.00	\$-		0.00	_
	5e.	Insurance	5e.		:	0.00	\$		0.00	
	5f.	Domestic support obligations	5f.			0.00	\$		0.00	_
	5g.	Union dues	5g.			0.00	\$		0.00	
	5h.	Other deductions. Specify:	5h.	.+	\$	0.00	+ \$		0.00	)
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	,	\$	0.00	\$		0.00	<u>)</u>
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	(	\$	0.00	\$		0.00	)
8.	List a 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$	0.00	\$		0.00	•
	8b.	Interest and dividends	8b.		·	0.00	\$_		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce			*	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			0.00	<u>^</u>
		settlement, and property settlement.	8c.		\$ (	0.00	\$		0.00	)
	8d.	Unemployment compensation	8d.			0.00	\$		0.00	_
	8e.	Social Security	8e.		\$ 1,841	.00	\$	7	60.00	)
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ce 8f.		\$	0.00	\$		0.00	1
	8g.	Pension or retirement income	— 8g.		·	0.00	\$		0.00	
	ŭ	Family Assistance Support Mo.	J				· <del>-</del>			<u>·</u> .
	8h.	Other monthly income. Specify: Average	8h.	.+	\$ 690	0.00	+ \$		0.00	)
		Average income from Dog Sitting			\$	0.00	\$	5	00.00	)
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,531	.00	\$_	1,	260.0	00
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	2,531.00	+ \$_	1,2	260.00	= \$ _	3,791.00
11.	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00									
12.		the amount in the last column of line 10 to the amount in line 11. The reset hat amount on the Summary of Schedules and Statistical Summary of Certages						12.	\$	3,791.00
13.	_ `	ou expect an increase or decrease within the year after you file this forn	n?						Comb month	ined Ily income
		No.								
		Yes. Explain:								

Official Form 106l Schedule I: Your Income page 2

Debtor 1 Walter Henry Smith  Debtor 2 Patricia Harling Smith  Spouse, if fileig)  United States Baskruptity Court for the: DISTRICT OF OREGON  Official Form 106J  Schedule J: Your Expenses  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Is this a joint case?  No. Go to line 2.  Yes, Deso Debtor 2 live in a separate household?  No. Go to line 2.  Yes, Deso Debtor 2 live in a separate household?  No. Do not list Debtor 1 and Debtor 2.  Do not state the dependents?  No. Do not state the dependents names.  No. On the state the dependents names.  No. On the state the dependents of people other than yourself and your dependents?  No. On the state the dependents of people other than yourself and your dependents?  No. On the state the dependents of people other than yourself and your dependents?  No. On the state the dependents of people other than yourself and your dependents?  No. On the state the dependents of people other than yourself and your dependents?  No. On the state the dependents of people other than yourself and your dependents?  No. On the state the dependents of people other than yourself and your dependents?  No. On the state the dependents of people other than yourself and your dependents?  No. On the state the dependents of people other than yourself and your dependents?  No. On the state the people other than yourself and your dependents?  No. On the state the people are filing together, both are equally into the your people are filing together, both are equally people and the people of the form and fill in the applicable date.  No. On the state the people are filing together, both are equally your people and the people are filing together, both are equally your people are filing together, both are equally your people are filing together,	Fill	in this informa	ation to identify yo	our case:					
Debtor 2   Patricia Harling Smith	Deb	tor 1	Walter Henry	y Smith			Che	ck if this is:	
Case number (If known)    Concentration   Conc			Patricia Harl	ing Smith	1			A supplement show	
Official Form 106J Schedule J: Your Expenses  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part     Describe Your Household	Unite	ed States Bank	ruptcy Court for the	: DISTRI	CT OF OREGON			MM / DD / YYYY	
Official Form 106J Schedule J: Your Expenses  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part     Describe Your Household			. ,						
Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Answer every question.									
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1									
information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part   Describe Your Household									
1. Is this a joint case?  No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?  No. Go to line 2.  No. Go you have dependents?  No. Do not list Debtor 1 and Yes. Fill out this information for each dependent	info	rmation. If m	nore space is ne	eded, atta	ch another sheet to this				
No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?  No. Go to line 2.  No. Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.  2. Do you have dependents?  No. Do not list Debtor 1 and Yes. Fill out this information for Debtor 2.  Do not state the dependents names.  No. Yes. Poly of the dependent in a Debtor 1 or Debtor 2.  No. Yes Yes No.				hold					
Yes. Does Debtor 2 live in a separate household?   Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.	1.	-							
No   Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.  2. Do you have dependents? No Do not list Debtor 1 and Pyes. Fill out this information for Debtor 2.  Do not state the dependents names. Dependent's relationship to Debtor 2 age live with you?  Do not state the dependents names. Pyes   No   Yes   No   Yes   No   No   Yes   No   No   Yes   No   No   Yes   No   No   Yes   No   No   Yes   No   No   No   Yes   No   No   Yes   No   Yes   No   Yes   No   Yes   No   No   Yes   No   Yes   No   Yes   No   Yes   No   Your expenses as of people other than yourself and your dependents? It fills is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  If not included in line 4:  4a. Real estate taxes   Aa. \$ 0.00   Ab. Property, homeowner's, or renter's insurance   Ab. Property, homeowner's, or renter's insurance   Ab. Property, homeowner's, or renter's insurance   Ab. Home maintenance, repair, and upkeep expenses   Ab. Homeowner's association or condominium dues		_		in a senar:	ate household?				
Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.  2. Do you have dependents?									
Do not list Debtor 1 and				st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of Deb	tor 2.	
Debtor 2. each dependent	2.	Do you hav	e dependents?	■ No					
dependents names.    Yes   No   No   Yes   Yes   No   Yes   Yes			Debtor 1 and	☐ Yes.				•	
3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income  (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4c. \$ 0.00  4d. Home contenance, repair, and upkeep expenses  4d. \$ 0.00  4d. Home maintenance, repair, and upkeep expenses  4d. \$ 0.00									
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3. Do your expenses include expenses of people other than yourself and your dependents?    Setimate Your Ongoing Monthly Expenses									
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Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$  0.00  4d. Homeowner's association or condominium dues		•			Yes				
expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$ 1,765.00  If not included in line 4:  4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$ 0.00  4d. Homeowner's association or condominium dues							,		
the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues  Your expenses  4. \$  1,765.00  4a. \$  0.00  4b. \$  0.00  4c. Homeowner's association or condominium dues	exp	enses as of	a date after the l	our bankri bankruptc	uptcy filing date unless y y is filed. If this is a supp	ou are using this followed are using the followed are used to be	orm as a su e J, check tl	ipplement in a Cha ne box at the top o	f the form and fill in the
4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues  Your expenses  4. \$ 1,765.00  4. \$ 0.00  40. \$ 0.00  41. \$ 0.00  42. \$ 0.00  43. \$ 0.00  44. \$ 0.00									
payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues  4. \$ 1,765.00				d have inc	luded it on Schedule I:	rour Income		Your exp	enses
4a.Real estate taxes4a.\$0.004b.Property, homeowner's, or renter's insurance4b.\$0.004c.Home maintenance, repair, and upkeep expenses4c.\$0.004d.Homeowner's association or condominium dues4d.\$0.00	4.				•	nclude first mortgag	e 4. \$	<b>.</b>	1,765.00
4b.Property, homeowner's, or renter's insurance4b. \$0.004c.Home maintenance, repair, and upkeep expenses4c. \$0.004d.Homeowner's association or condominium dues4d. \$0.00		If not include	ded in line 4:						
4b.Property, homeowner's, or renter's insurance4b. \$0.004c.Home maintenance, repair, and upkeep expenses4c. \$0.004d.Homeowner's association or condominium dues4d. \$0.00		4a. Real	estate taxes				4a. 9	5	0.00
4d. Homeowner's association or condominium dues 4d. \$ 0.00				s, or renter	's insurance				
	5.					me equity loans			0.00 0.00

Debtor 1 Debtor 2		Henry Smith Harling Smith	Case num	ber (if known)	
6. <b>Uti</b> l	lities:				
6a.	Electricity	r, heat, natural gas	6a.	\$	125.00
6b.	Water, se	wer, garbage collection	6b.	\$	30.00
6c.	Telephon	e, cell phone, Internet, satellite, and cable services	6c.	\$	215.00
6d.		•	6d.	\$	0.00
7. <b>Fo</b> o	od and hous	sekeeping supplies	7.	\$	800.00
3. <b>Ch</b> i	ildcare and	children's education costs	8.	\$	0.00
	-	dry, and dry cleaning	9.	\$	15.00
		products and services	10.	\$	50.00
		ental expenses	11.	\$	170.00
Do	not include of	Include gas, maintenance, bus or train fare. car payments.	12.	·	180.00
		clubs, recreation, newspapers, magazines, and books	13.	\$	25.00
14. <b>Ch</b>	aritable con	tributions and religious donations	14.	\$	0.00
-	urance.				
	not include ii a. Life insura	nsurance deducted from your pay or included in lines 4 or 20.	150	¢	0.00
	b. Health ins		15a. 15b.	·	0.00
	c. Vehicle in		15b. 15c.	*	0.00
		urance. Specify: Sears Warranty	15d.	·	175.00
130		Prevention Sears warranty		\$	50.00 12.00
16 Tav		nclude taxes deducted from your pay or included in lines 4 or 20.		Ψ	12.00
Spe	ecify:		16.	\$	0.00
		lease payments: nents for Vehicle 1	17a.	\$	240.00
		ents for Vehicle 2	17a.	·	0.00
	c. Other. Sp		17c.	· ———	0.00
	d. Other. Sp		— 17d. 17d.	·	0.00
		s of alimony, maintenance, and support that you did not report as			0.00
		your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19. <b>Oth</b>	ner payment	s you make to support others who do not live with you.		\$	0.00
	ecify:		19.		
		perty expenses not included in lines 4 or 5 of this form or on School			2.22
		s on other property	20a.		0.00
	o. Real esta		20b.	·	0.00
		homeowner's, or renter's insurance	20c.	·	0.00
		nce, repair, and upkeep expenses ner's association or condominium dues	20d. 20e.	·	0.00
		let's association of condominium dues		*	0.00
21. <b>Oti</b>	ner: Specify:			+\$	0.00
22. <b>Cal</b>	lculate your	monthly expenses			
228	a. Add lines 4	through 21.		\$	3,852.00
22b	o. Copy line 2	22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
220	c. Add line 22	2a and 22b. The result is your monthly expenses.		\$	3,852.00
23. <b>Cal</b>	lculate your	monthly net income.			
23a	a. Copy line	12 (your combined monthly income) from Schedule I.	23a.	\$	3,791.00
23b	b. Copy your monthly expenses from line 22c above.			-\$	3,852.00
230		your monthly expenses from your monthly income. t is your <i>monthly net income</i> .	23c.	\$	-61.00
For mod	example, do y dification to the No.	an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you terms of your mortgage?			e or decrease because of a
Ц	Yes.	Explain here:			

Fill in this info	rmation to identify your	c250:				
Debtor 1	Walter Henry Sm	ith Middle Name	Loo	t Name		
Dobtor 2			Las	i name		
Debtor 2 (Spouse if, filing)	Patricia Harling S	Middle Name	Las	t Name		
(Opened ii, iiiiig)	. not raine			· raino		
United States B	Bankruptcy Court for the:	DISTRICT OF OREGON	١			
Case number						
(if known)						☐ Check if this is an
						amended filing
You must file the obtaining mone years, or both.	nis form whenever you fi ey or property by fraud i 18 U.S.C. §§ 152, 1341, 1	n connection with a bank	or amende	ed schedules. Maki	ng a false statem	ent, concealing property, or or imprisonment for up to 20
Sig	gn Below					
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help	you fill out bankru	ptcy forms?	
■ No						
□ Yes.	Name of person				Attach Bankru	ptcy Petition Preparer's Notice,
						nd Signature (Official Form 119)
	alty of perjury, I declare ire true and correct.	that I have read the sum	mary and s	chedules filed with	this declaration	and
X /s/ Wa	alter Henry Smith		Х	/s/ Patricia Harli	ng Smith	
	r Henry Smith			Patricia Harling		
Signati	ure of Debtor 1			Signature of Debto	r 2	
Date	August 6, 2019			Date August 6	. 2019	
					,	

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

		nation to identify you				
De	btor 1	Walter Henry Sn	nith  Middle Name	Last Name		
De	btor 2	Patricia Harling		Lastivanie		
	ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Ba	nkruptcy Court for the:	DISTRICT OF OREGON			
	se number _ nown)					heck if this is an mended filing
St Be	as complete a	of Financial	attach a separate sheet to	are filing together, both are	ankruptcy equally responsible for sup additional pages, write you	
Pa	rt 1: Give D	Details About Your Ma	arital Status and Where You	Lived Before		
1.	What is you	r current marital statu	is?			
	■ Married □ Not man					
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. Lis	st all of the places you l	ived in the last 3 years. Do no	ot include where you live now	ı.	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress: Dates Debtor lived there	
<b>3.</b> stat					ity property state or territory co, Texas, Washington and W	
-		•	hedule H: Your Codebtors (Of	fficial Form 106H).		
Ра	rt 2 Explai	in the Sources of You	r Income			
4.	Fill in the tota	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ıdar years?
	□ No ■ Yes. Fil	I in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	the date were filed for benchmarkers.		☐ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips	\$3,000.00
			☐ Operating a business		Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
or last caler January 1 to	ndar year: December 31, 2018)	☐ Wages, commissions, bonuses, tips	\$11,996.00	☐ Wages, commissions, bonuses, tips	\$5,428.0
		■ Operating a business		■ Operating a business	
	dar year before that: December 31, 2017)	☐ Wages, commissions, bonuses, tips	\$16,464.00	☐ Wages, commissions, bonuses, tips	\$0.0
		Operating a business		☐ Operating a business	
Include in and other winnings.	come regardless of whe public benefit payments If you are filing a joint ca	ne during this year or the two ther that income is taxable. Exa s; pensions; rental income; inter ase and you have income that y come from each source separar	amples of other income are a rest; dividends; money collector ou received together, list it of	ted from lawsuits; royalties; and once under Debtor 1.	
Yes.	Fill in the details.				
		Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
	y 1 of current year unti filed for bankruptcy:	Family Assistance	\$4,000.00		
		Social Security Benefits	\$14,728.00	Social Security Benefits	\$6,054.
or last caler	ndar year: December 31, 2018)	Social Security Benefits	\$23,964.00	Social Security Benefits	\$11,388.0
January 1 to		Social Security	\$23,497.00	Social Security	\$11,160.
or the calen	dar year before that: December 31, 2017)	Benefits	Ψ20, 101 100	Benefits	
or the calen January 1 to art 3: Lis	t Certain Payments Yo	Benefits  u Made Before You Filed for 2's debts primarily consume	Bankruptcy r debts?		01/9) oo "ingurrad by a
or the calen lanuary 1 to	t Certain Payments Yo  T Debtor 1's or Debtor Neither Debtor 1 nor individual primarily for	Benefits  u Made Before You Filed for  2's debts primarily consumer  Debtor 2 has primarily consumer  a personal, family, or household	Bankruptcy r debts? umer debts. Consumer debts ld purpose."	s are defined in 11 U.S.C. § 10	01(8) as "incurred by a
or the calen lanuary 1 to art 3: Lis	t Certain Payments Your Debtor 1's or Debtor 1 nor individual primarily for During the 90 days be	Benefits  u Made Before You Filed for  2's debts primarily consumer  Debtor 2 has primarily consumer  a personal, family, or household  fore you filed for bankruptcy, di  7.	Bankruptcy  r debts?  umer debts. Consumer debts Id purpose."  d you pay any creditor a total  d a total of \$6,825* or more i	s are defined in 11 U.S.C. § 10 I of \$6,825* or more? n one or more payments and	the total amount you
or the calendranuary 1 to art 3: Lis	t Certain Payments Your Debtor 1's or Debtor 1 nor individual primarily for During the 90 days be No. Go to line Yes List below paid that continclud	Benefits  u Made Before You Filed for  2's debts primarily consumer  Debtor 2 has primarily consumer  a personal, family, or househol  fore you filed for bankruptcy, di  7.	Bankruptcy  r debts? umer debts. Consumer debts ld purpose."  d you pay any creditor a total  d a total of \$6,825* or more into for domestic support oblighis bankruptcy case.	s are defined in 11 U.S.C. § 10 I of \$6,825* or more? In one or more payments and ations, such as child support	the total amount you and alimony. Also, do
or the calen January 1 to  art 3: Lis  Are eithe  No.	t Certain Payments Your Debtor 1's or Debtor 1 nor individual primarily for During the 90 days be No. Go to line Yes List below paid that on not include * Subject to adjustme	Benefits  u Made Before You Filed for 2's debts primarily consumer Debtor 2 has primarily consumer a personal, family, or household fore you filed for bankruptcy, di 7.  y each creditor to whom you pai creditor. Do not include paymer e payments to an attorney for the	Bankruptcy  r debts?  Imer debts. Consumer debts Id purpose."  d you pay any creditor a total  d a total of \$6,825* or more i  tts for domestic support oblig his bankruptcy case. s after that for cases filed on  Imer debts.	s are defined in 11 U.S.C. § 10 of \$6,825* or more? n one or more payments and ations, such as child support or after the date of adjustmen	the total amount you and alimony. Also, do
or the calen January 1 to  art 3: Lis  Are eithe  No.	t Certain Payments Your Debtor 1's or Debtor 1 nor individual primarily for During the 90 days be No. Go to line Yes List below paid that on not include * Subject to adjustme	Benefits  u Made Before You Filed for 2's debts primarily consumer Debtor 2 has primarily consumer a personal, family, or household fore you filed for bankruptcy, di 7.  u each creditor to whom you pai creditor. Do not include payment payments to an attorney for the ton 4/01/22 and every 3 years or both have primarily consumer you filed for bankruptcy, di	Bankruptcy  r debts?  Imer debts. Consumer debts Id purpose."  d you pay any creditor a total  d a total of \$6,825* or more i  tts for domestic support oblig his bankruptcy case. s after that for cases filed on  Imer debts.	s are defined in 11 U.S.C. § 10 of \$6,825* or more? n one or more payments and ations, such as child support or after the date of adjustmen	the total amount you and alimony. Also, do

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Dates of payment **Total amount** Amount vou Reason for this payment paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Capital One Bank (USA), N.A. vs Breach of **Clackamas County Circuit** □ Pending Patricia H Smith Contract Court □ On appeal 18CV47587 807 Main Street Concluded Oregon City, OR 97045 Cavalry SPV I, LLC vs Patricia H Breach of **Clackamas County Circuit** Pending Smith Contract Court □ On appeal 807 Main Street 19CV32348

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Statement of Financial Affairs for Individuals Filing for Bankruptcy

Oregon City, OR 97045

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□ Concluded

	otor 2 Patricia Harling Smith	Case number	(if known)					
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo	cy, was any of your property repossessed, foreclosed w.	d, garnished, attached	d, seized, or levied?				
	■ No. Go to line 11. □ Yes. Fill in the information below.							
	Creditor Name and Address	Describe the Property	Date	Value of the				
		Explain what happened		property				
11.	within 90 days before you filed for bankru accounts or refuse to make a payment bed  No	ptcy, did any creditor, including a bank or financial in ause you owed a debt?	stitution, set off any a	imounts from your				
	Yes. Fill in the details.							
	Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount				
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a	cy, was any of your property in the possession of an unother official?	assignee for the bene	efit of creditors, a				
	■ No □ Yes							
Par	t 5: List Certain Gifts and Contributions							
13.	_ '	otcy, did you give any gifts with a total value of more t	han \$600 per person	?				
	<ul><li>No</li><li>☐ Yes. Fill in the details for each gift.</li></ul>							
	Gifts with a total value of more than \$600	Describe the gifts	Dates you gave	Value				
	per person	Describe the gifts	Dates you gave the gifts	value				
	Person to Whom You Gave the Gift and Address:							
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No							
	Yes. Fill in the details for each gift or cor							
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value				
Par	t 6: List Certain Losses							
15.		cy or since you filed for bankruptcy, did you lose any	thing because of the	t, fire, other disaster,				
	Yes. Fill in the details.							
	how the loss occurred	Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost				
Par	t 7: List Certain Payments or Transfers							
16.	Within 1 year before you filed for bankrupt consulted about seeking bankruptcy or pr	cy, did you or anyone else acting on your behalf pay eparing a bankruptcy petition? parers, or credit counseling agencies for services require		rty to anyone you				
	□ No							
	Yes. Fill in the details.							
	Person Who Was Paid Address Email or website address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment				
	Person Who Made the Payment, if Not Yo							
Offic	al Form 107 State	ment of Financial Affairs for Individuals Filing for Bankruptcy	•	page 4				

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Best Case Bankruptcy

	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and v transferred			Date payment or transfer was made	Amount of payment	
	Michael D. O'Brien, & Associates, P.C. 12909 SW 68th Parkway, Suite 160 Portland, OR 97223 pdxlegal.com	Money			Prior to Filing	\$1,500.00	
	Cricket Debt Counseling 2019 SW Stark Street, Suite 200 Portland, OR 97204 Michael D. O'Brien & Associates, P.C.	Money			Prior to filing	\$24.00	
17.	Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you li  No	or to make payments			r transfer any prope	erty to anyone who	
	Yes. Fill in the details.						
	Person Who Was Paid Address	n Who Was Paid Description and value of any property Date payment					
18	Within 2 years before you filed for bankruptcy	did you sell trade o	or otherwise trans	fer any nron	erty to anyone othe	er than property	
	transferred in the ordinary course of your bus Include both outright transfers and transfers made include gifts and transfers that you have already I No	iness or financial affa e as security (such as t	airs? the granting of a se				
	Yes. Fill in the details.	= 155. First the details.					
	Person Who Received Transfer Address				iny property or received or debts change	Date transfer was made	
	Person's relationship to you	Mice yord tools	valued of	Dessived	¢460.00	6/2040	
	Third-Party from Yard Sale Misc. yard tools valued at \$200.00			Received	\$160.00	6/2019	
	none						
19.	Within 10 years before you filed for bankruptc beneficiary? (These are often called asset-prote  No  Yes. Fill in the details.		y property to a se	lf-settled tru	st or similar device	of which you are a	
	Name of trust	Description and v	alue of the proper	rty transform	ad	Date Transfer was	
	Name of trust	Description and v	alue of the proper	ity transferre	şu .	made	
Par	t 8: List of Certain Financial Accounts, Instr	uments, Safe Deposit	t Boxes, and Stora	age Units			
20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerag houses, pension funds, cooperatives, associations, and other financial institutions.  ■ No  ☐ Yes. Fill in the details.							
	Name of Financial Institution and L	ast 4 digits of ccount number	t number instrument clos		e account was sed, sold, ved, or nsferred	Last balance before closing or transfer	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for sec cash, or other valuables?									
	■ No □ Yes. Fill in the details.								
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?					
22.	Have you stored property in a storage unit or pl	ace other than your home within 1	year before you filed for bankruptcy	?					
	■ No □ Yes. Fill in the details.								
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?					
Par	t 9: Identify Property You Hold or Control for	Someone Else							
23.	Do you hold or control any property that someo	one else owns? Include any proper	rty you borrowed from, are storing for	, or hold in trust					
	for someone.								
	■ No □ Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value					
Par	t 10: Give Details About Environmental Informa	,							
	the purpose of Part 10, the following definitions								
_			ata a sallada a santanta atau salaasa	(					
	Environmental law means any federal, state, or toxic substances, wastes, or material into the air regulations controlling the cleanup of these substances.	ir, land, soil, surface water, ground	•						
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	_	law, whether you now own, operate, o	or utilize it or used					
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s		s waste, hazardous substance, toxic s	substance,					
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of whe	n they occurred.						
24.	Has any governmental unit notified you that you	u may be liable or potentially liable	under or in violation of an environme	ental law?					
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice					
25.	5. Have you notified any governmental unit of any release of hazardous material?								
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice					

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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26.	Have you been a party in any judicial or ad  ■ No □ Yes. Fill in the details.	ministrative proceeding under any envi	ronmental law?	Include settlements	and orders.						
	Yes. Fill in the details.  Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the o	case	Status of the case						
Par	t 11: Give Details About Your Business or	Connections to Any Business									
27.	Within 4 years before you filed for bankrup	ithin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?									
	■ A sole proprietor or self-employed	in a trade, profession, or other activity,	either full-time	or part-time							
	☐ A member of a limited liability com	pany (LLC) or limited liability partnershi	ip (LLP)								
	☐ A partner in a partnership										
☐ An officer, director, or managing executive of a corporation											
<ul> <li>□ An owner of at least 5% of the voting or equity securities of a corporation</li> <li>□ No. None of the above applies. Go to Part 12.</li> </ul>											
								Yes. Check all that apply above and fill in the details below for each business.			
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business  Name of accountant or bookkeeper		Identification numbe clude Social Security							
	,	rame of accountant of bookkeeper	Dates bus	Dates business existed							
	Walter Smith 21920 SW Ribera Ln.	Part-time Handyman	EIN:	n/a							
	West Linn, OR 97068	Self	From-To 2003 - 2018								
	Patricia Smith	Dog Boarding	EIN:	n/a							
	21920 SW Ribera Ln. West Linn, OR 97068	Self	From-To	2018 - Present							
28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all fin institutions, creditors, or other parties.											
	<ul><li>No</li><li>Yes. Fill in the details below.</li></ul>										
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued									

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Debtor 2	Walter Henry Smith Patricia Harling Smith			Case number (if known)
Part 12:	Sign Below			
are true ar		atement,	concealing property	and I declare under penalty of perjury that the answers , or obtaining money or property by fraud in connection 20 years, or both.
/s/ Walte	er Henry Smith	/s/ Pa	tricia Harling Smit	<u>h</u>
	lenry Smith		ia Harling Smith	
Signature	e of Debtor 1	Signat	ure of Debtor 2	
Date A	ugust 6, 2019	Date	August 6, 2019	
Did you at ■ No □ Yes	ttach additional pages to Your Statement of Fin	nancial A	Affairs for Individuals	s Filing for Bankruptcy (Official Form 107)?
Did you pa	ay or agree to pay someone who is not an atto	rney to I	nelp you fill out bank	ruptcy forms?
☐ Yes. Na	ame of Person Attach the Bankruptcy Peti	tion Prep	oarer's Notice, Declara	ation, and Signature (Official Form 119).